



Client No. 2036	Client Name O.H. MATERIALS	Location 1002 OSWEGO ST. UTICA, N.Y.	Date 1/17/87
Facility Equipment 1	Detax Clock No. 1	Weapon No. 1	Holster 1
Nightstick 1	Raincoat 1	Flashlight 1	Other GATE & TRAILER KEYS

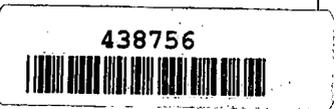
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name) Kenneth Felix	Officer—Swing Shift (Name) ofc del Vecchio	Officer—Grave Shift (Name) POWER, Tim
Shift	Shift	Shift	Shift
Began 8 AM Ended 4 AM	Began 4 AM Ended 12 AM	Began 12 mid Ended 8:00	

Observations or actions taken	Day Shift		Explanation	Swing Shift		Explanation	Grave Shift		Explanation
	Yes	No		Yes	No		Yes	No	
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire-smoke or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Visitors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>see remarks</i>			<input checked="" type="checkbox"/>	
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Remarks
Visual ch. area when not on rounds (K.F.) I taped the switch that goes to trailers, leave that one on (K.F.) First the police came to inquire about the noises. Then at 7:40 Capt. Chiff came. (K.F.)

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<i>Chiff 7:40</i>	Signatures	1	2	3	Signatures	1	2	3	Signatures	1	2	3
		<i>Kenneth Felix</i>				<i>ofc del Vecchio</i>				<i>Tim Power</i>		



Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



CENTRON SECURITY SERVICES, INC.

Date of Report

1/17/87

time of Report

7:40

Client: O.H. Metals

Address: 1002 Oswego St.

Location of Incident Bessets plant

-Incident noises from inside of plant

Date occurred

1/17/86

Time occurred

6:35 AM

PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

while on rounds I heard strange noises coming from the barrels by the corner of the building. I then went and got the flashlight to check it out. when I got over there I heard a loud thud from inside the building. Then when I was on Lenox street I again heard a thud from inside the building. After rounds I called the office and about 10-15 min. later a police car arrived. I told him about the noises from inside. First he said that he wasn't prepared to go all through the building, but asked if I wanted him to go through. I told him no, but if I heard it again that I'd call. At 7:40 captain chuff came to check it out. He told me that if I heard it again to call the police!

Signed-

Merwin Del Monte Rank

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